| | | | | | Docket No. |
|---|---|---|-----------------------------------|-----------------|--------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | | 1190-0633PUS1 |
| Application No. | | Filing Date | | Examiner | Art Unit |
| 10/588,380-Conf. #8371 | | August 2, 2006 | | S. C. Patha | ak 2611 |
| Applicant(s): Sadayuki INOUE et al. | | | | | |
| Invention: DAT | A RECEIVING D | EVICE AND D | ATA RECEIV | ING METHOD | |
| MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA | 22313-1450 | endment in the | above-identif | ied application | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 36 | - 36 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| x Large Entity Small Entity | | | | | |
| x No additional fee is required for this amendment. | | | | | |
| Please charge Deposit Account No in the amount of \$ · A duplicate copy of this sheet is enclosed. | | | | | |
| A check in the amount of \$ is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director is hereby authorized to charge and credit Deposit Account No | | | | | |
| x Credit any overpayment. | | | | | |
| x Charge arry additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Chad J. Billin Attorney Reg | | 2 | | Dated: | September 14, 2009 |
| 8110 Gateho Suite 100 Ea P.O. Box 747 | st Virginia 22040- | | LP | | |

Birch, Stewart, Kolasch & Birch, LLP